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8
9 **BEFORE THE**
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No.

2011 - 3

12 **KATHRYN ELIZABETH LIPSCOMB**
13 **A.K.A.**
KATHRYN ELIZABETH McQUISTON
14 **820 WEST G STREET, #451**
San Diego, CA 92101

A C C U S A T I O N

15 **Registered Nurse License No. 671538**

16 **Respondent.**

17
18
19 **Complainant alleges:**

20 **PARTIES**

21 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
22 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
23 of Consumer Affairs.

24 2. On or about January 4, 2006, the Board of Registered Nursing issued Registered
25 Nurse License Number 671538 to Kathryn Elizabeth McQuiston, aka Kathryn Elizabeth
26 Lipscomb (Respondent). The Registered Nurse License was in full force and effect at all times
27 relevant to the charges brought herein and will expire on September 30, 2011, unless renewed.

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1 The license is currently inactive because Respondent has not met continuing education
2 requirements.

3 JURISDICTION

4 3. This Accusation is brought before the Board of Registered Nursing (Board),
5 Department of Consumer Affairs, under the authority of the following laws. All section
6 references are to the Business and Professions Code unless otherwise indicated.

7 4. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent
8 part, that the Board may discipline any licensee, including a licensee holding a temporary or an
9 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the
10 Nursing Practice Act.

11 5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license
12 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
13 licensee or to render a decision imposing discipline on the license.

14 6. Section 2811(b) of the Code provides, in pertinent part, that each license not renewed
15 shall expire but may within a period of eight years thereafter be reinstated upon payment of the
16 biennial renewal fee and penalty fee and upon submission of such proof of the applicant's
17 qualifications as may be required by the board, except that during such eight-year period no
18 examination shall be required as a condition for the reinstatement of any such expired license
19 which has lapsed solely by reason of non-payment of the renewal fee.

20 STATUTORY PROVISIONS

21 7. Section 2761, subdivision (a), states that the Board may take disciplinary action
22 against a certified or licensed nurse or deny an application for a certificate or license for
23 unprofessional conduct.

24 8. Section 2762 of the Code states:

25 "In addition to other acts constituting unprofessional conduct within the meaning of this
26 chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this
27 chapter to do any of the following:

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1 "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed
2 physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or
3 administer to another, any controlled substance as defined in Division 10 (commencing with
4 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as
5 defined in Section 4022.

6

7 "(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any
8 hospital, patient, or other record pertaining to the substances described in subdivision (a) of this
9 section."

10 9. Code section 4060 states, in pertinent part:

11 "No person shall possess any controlled substance, except that furnished to a person
12 upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic
13 doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified
14 nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a
15 physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5,
16 or a pharmacist pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of
17 subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052. This section shall not
18 apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy,
19 pharmacist, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified nurse-
20 midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled
21 with the name and address of the supplier or producer . . .

22 10. Health and Safety Code section 11170 states that no person shall prescribe,
23 administer, or furnish a controlled substance for himself.

24 11. Health and Safety Code section 11173, subdivision (a) states, in pertinent part, that
25 "[n]o person shall obtain or attempt to obtain controlled substances, or procure or attempt to
26 procure the administration of or prescription for controlled substances, (1) by fraud, deceit,
27 misrepresentation, or subterfuge . . ."

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1 COST RECOVERY

2 12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case.

6 DRUGS

7 13. "Dilaudid" is a Schedule II controlled substance pursuant to Health and Safety Code
8 section 11055(b)(1)(k) and a dangerous drug per Business and Professions Code section 4022.
9 Dilaudid is a brand name for the generic drug Hydromorphone and is used to treat pain.

10 FACTUAL ALLEGATIONS

11 Hoag Memorial Hospital

12 14. Respondent was employed as a registered nurse at Hoag Memorial Hospital, Newport
13 Beach, California, from early 2006 to July 2007. During that time, Respondent made inaccurate
14 entries in hospital and patient medical records and took patients' medications as follows:

15 15. Patient 1:

16 a. The physician's orders for this patient were as follows: Hydromorphone .25mg-
17 .75mg IV every 15 minutes for pain.

18 b. On May 5, 2007, at 0300 hours, Respondent withdrew from the Pyxis¹ 2mg of
19 Hydromorphone.

20 c. On May 5, 2007, at 0524 hours, Respondent withdrew from the Pyxis 2mg of
21 Hydromorphone.

22 d. On May 5, 2007, at 0525 hours, Respondent withdrew from the Pyxis 2mg of
23 Hydromorphone.

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25 ¹ Pyxis" is a trade name for the automatic single-unit dose medication dispensing system
26 that records information such as patient name, physician orders, date and time medication was
27 withdrawn, and the name of the licensed individual who withdrew and administered the
28 medication. Each user/operator is given a user identification code to operate the control panel.
Sometimes only portions of the withdrawn narcotics are given to the patient. The portions not
given to the patient are referred to as "wastage." This waste must be witnessed by another
authorized user and is also recorded by the Pyxis machine.

1 c. Respondent charted in the patient's Medication Administration Record (MAR) that
2 she gave the patient the following medication:

3 - May 4, 2007, at 2400 hours, 0.5 mg Hydromorphone.

4 - May 5, 2007, at 0500 hours, 0.5mg Hydromorphone.

5 f. Summary: Respondent obtained 6mg Hydromorphone for this patient and
6 documented administering 1mg. and wasting 5.25 mgs, leaving 0.75mg of Hydromorphone
7 unaccounted for. Respondent indicated in the Pyxis that she administered 0.25mg doses,
8 however, on the MAR she indicated she administered 0.5mg doses.

9 16. Patient 2

10 a. The physician's orders for this patient were as follows: Hydromorphone .25mg-
11 .75mg IV every 15 minutes for pain.

12 b. On May 8, 2007, at 0731 hours, Respondent withdrew from Pyxis 2mg of
13 Hydromorphone.

14 c. On May 8, 2007, at 0758 hours, Respondent withdrew from Pyxis 2mg of
15 Hydromorphone.

16 d. On May 8, 2007, at 0853 hours, Respondent withdrew from Pyxis 2mg of
17 Hydromorphone.

18 e. On May 9, 2007, at 1203 hours, Respondent withdrew from Pyxis 2mg of
19 Hydromorphone.

20 f. On May 9, 2007, at 0254 hours, Respondent withdrew from Pyxis 2mg of
21 Hydromorphone.

22 g. On May 9, 2007, at 0255 hours, Respondent withdrew from Pyxis 2mg of
23 Hydromorphone.

24 h. On May 9, 2007, at 0619 hours, Respondent withdrew from Pyxis 2mg of
25 Hydromorphone.

26 i. On May 9, 2007, at 0620 hours, Respondent withdrew from Pyxis 2mg of
27 Hydromorphone.

1 j. On May 9, 2007, at 1930 hours, Respondent withdrew from Pyxis 2mg of
2 Hydromorphone.

3 k. On May 9, 2007, at 2000 hours, Respondent withdrew from Pyxis 2mg of
4 Hydromorphone.

5 l. On May 10, 2007, at 0144 hours, Respondent withdrew from Pyxis 2mg of
6 Hydromorphone.

7 m. On May 10, 2007, at 0152 hours, Respondent withdrew from Pyxis 2mg of
8 Hydromorphone.

9 n. On May 10, 2007, at 0346 hours, Respondent withdrew from Pyxis 2mg of
10 Hydromorphone.

11 o. On May 10, 2007, at 0538 hours, Respondent withdrew from Pyxis 2mg of
12 Hydromorphone.

13 p. e. Respondent charted in the patient's MAR that she gave the patient the
14 following medication:

- 15 - May 8, 2007, at 1945 hours, 0.25 mg Hydromorphone.
- 16 - May 8, 2007, at 2100 hours, 0.25mg Hydromorphone.
- 17 - May 8, 2007, at 2200 hours, 0.25 mg Hydromorphone.
- 18 - May 9, 2007, at 2400 hours, 0.25mg Hydromorphone.
- 19 - May 9, 2007, at 0300 hours, 0.25 mg Hydromorphone.
- 20 - May 9, 2007, at 0615 hours, 0.25mg Hydromorphone.
- 21 - May 9, 2007, at 1940 hours, 0.25 mg Hydromorphone.
- 22 - May 9, 2007, at 2000 hours, 0.25mg Hydromorphone.
- 23 - May 10, 2007, at 0130 hours, 0.25mg Hydromorphone.

24 q. Summary: Respondent obtained 28 mg. Hydromorphone for this patient and
25 documented administering 2.25mg and wasting 24.5mg leaving 1.25mg of Hydromorphone
26 unaccounted for.

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1 17. Patient 3

2 a. The physician's orders for this patient were as follows: Hydromorphone 1mg.
3 injectable every four hours for pain.

4 b. On May 12, 2007, at 1956 hours, Respondent withdrew from Pyxis 2mg of
5 Hydromorphone.

6 c. On May 12, 2007, at 2342 hours, Respondent withdrew from Pyxis 2mg of
7 Hydromorphone.

8 d. On May 12, 2007, at 2342 hours, Respondent withdrew from Pyxis 2mg of
9 Hydromorphone.

10 e. Respondent charted in the patient's MAR that she gave the patient the following
11 medication:

12 - May 12, 2007, at 2000 hours, 0.5mg Hydromorphone.

13 - May 12, 2007, at 2330 hours, 0.25mg Hydromorphone.

14 - May 12, 2007, at 2400 hours, 0.5mg Hydromorphone.

15 f. Summary: Respondent obtained 6mg of Hydromorphone for this patient and
16 documented administering 1.25 and wasting 4.75. McQuiston administered smaller dosages of
17 Hydromorphone (.25 and 0.5) than the physician's order called for (1mg). McQuiston also
18 medicated the patient at 2330 and 2400 hours when the physician's order called for the patient to
19 be medicated every hour.

20 18. Patient 4

21 a. The physician's orders for this patient were as follows: Hydromorphone 0.5mg-
22 1mg injectable every three hours.

23 b. On May 13, 2007, at 0239 hours, Respondent withdrew from Pyxis 2mg of
24 Hydromorphone.

25 c. On May 13, 2007, at 0306 hours, Respondent withdrew from Pyxis 2mg of
26 Hydromorphone.

27 d. On May 14, 2007, at 1933 hours, Respondent withdrew from Pyxis 2mg of
28 Hydromorphone.

1 e. On May 14, 2007, at 1936 hours, Respondent withdrew from Pyxis 2mg of
2 Hydromorphone.

3 f. On May 15, 2007, at 0205 hours, Respondent withdrew from Pyxis 2mg of
4 Hydromorphone.

5 g. On May 15, 2007, at 0213 hours, Respondent withdrew from Pyxis 2mg of
6 Hydromorphone.

7 h. On May 15, 2007, at 0440 hours, Respondent withdrew from Pyxis 2mg of
8 Hydromorphone.

9 i. On May 15, 2007, at 0552 hours, Respondent withdrew from Pyxis 2mg of
10 Hydromorphone.

11 j. Respondent charted in the patient's MAR that she gave the patient the following
12 medication:

13 - May 13, 2007, at 0245 hours, 0.25mg Hydromorphone.

14 - May 13, 2007, at 0300 hours, 0.25mg Hydromorphone.

15 - May 14, 2007, at 1945 hours, 0.5mg Hydromorphone.

16 May 14, 2007, at 2200 hours, 0.5mg Hydromorphone.

17 - May 15, 2007, at 0200 hours, 0.5mg Hydromorphone.

18 - May 15, 2007, at 0440 hours, 0.5mg Hydromorphone.

19 - May 15, 2007, at 0500 hours, 0.5mg Hydromorphone.

20 k. Summary: Respondent obtained 16mg Hydromorphone for this patient and
21 documented administering 3mg and wasting 14mg, equaling 1mg more than she obtained.

22 Respondent administered smaller dosages of Hydromorphone (.25 and .5mg) than the physician's
23 order called for (0.5 to 1mg). Respondent also medicated the patient more frequently than the
24 physician's order called for.

25 19. Patient 5

26 a. The physician's orders for this patient were as follows: Hydromorphone 1-2mg
27 injectable every two hours.

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1 b. On May 18, 2007, at 0344 hours, Respondent withdrew from Pyxis 2mg of
2 Hydromorphone.

3 c. On May 18, 2007, at 0346 hours, Respondent withdrew from Pyxis 2mg of
4 Hydromorphone.

5 d. Respondent charted in the patient's MAR that she gave the patient the following
6 medication:

7 - May 18, 2007, at 0200 hours, 0.5mg Hydromorphone.

8 - May 18, 2007, at 0330 hours, 0.5mg Hydromorphone.

9 e. Summary: Respondent obtained 4mg of Hydromorphone for this patient and
10 documented administering 1mg and wasting 3mg. Respondent administered smaller dosages of
11 Hydromorphone (0.5mg) than the physician's order called for (1mg to 2mg). The first
12 medication withdrawal on May 18, 2007, was at 0344 hours, yet Respondent charted that she
13 administered the medication at 0200, one hour 44 minutes prior to removal. The second
14 medication withdrawal on May 18, 2007, at 0346 hours, was just two minutes after the first
15 withdrawal and Respondent charted that she administered the medication at 0330 hours, 16
16 minutes prior to removal of the medication. Respondent also medicated the patient more
17 frequently than the physician's order called for.

18 20. Patient 6

19 a. The physician's orders for this patient were as follows: Hydromorphone .1mg
20 every four hours.

21 b. On May 17, 2007, at 1926 hours, Respondent withdrew from Pyxis 2mg of
22 Hydromorphone.

23 c. On May 17, 2007, at 1927 hours, Respondent withdrew from Pyxis 2mg of
24 Hydromorphone.

25 d. On May 17, 2007, at 2326 hours, Respondent withdrew from Pyxis 2mg of
26 Hydromorphone.

27 e. On May 18, 2007, at 0348 hours, Respondent withdrew from Pyxis 2mg of
28 Hydromorphone.

1 f. On May 18, 2007, at 1930 hours, Respondent withdrew from Pyxis 2mg of
2 Hydromorphone.

3 g. On May 18, 2007, at 2321 hours, Respondent withdrew from Pyxis 2mg of
4 Hydromorphone.

5 h. On May 18, 2007, at 2332 hours, Respondent withdrew from Pyxis 2mg of
6 Hydromorphone.

7 i. On May 19, 2007, at 0305 hours, Respondent withdrew from Pyxis 2mg of
8 Hydromorphone.

9 j. On May 19, 2007, at 0351 hours, Respondent withdrew from Pyxis 2mg of
10 Hydromorphone.

11 k. Respondent charted in the patient's MAR that she gave the patient the following
12 medication:

13 - May 17, 2007, at 1930 hours, 0.5mg Hydromorphone.

14 - May 17, 2007, at 02330 hours, 0.5mg Hydromorphone.

15 - May 18, 2007, at 0400 hours, 0.5mg Hydromorphone.

16 May 18, 2007, at 2321 hours, 1mg Hydromorphone.

17 - May 19, 2007, at 0300 hours, 0.5mg Hydromorphone.

18 - May 19, 2007, at 0440 hours, 0.5mg Hydromorphone.

19 k. Summary: Respondent obtained 18mg Hydromorphone for this patient and
20 documented administering 3.5mg and wasting 13.75, leaving 0.75mg Hydrocodone unaccounted
21 for. Respondent administered smaller dosages of Hydromorphone (.5mg) than the physician's
22 order called for (1mg). Respondent also medicated the patient more frequently than the
23 physician's order called for.

24 21. Patient 7

25 a. The physician's orders for this patient were as follows: Hydromorphone .1-2mg
26 IVP every 20 minutes.

27 b. On May 22, 2007, at 2202 hours, Respondent withdrew from Pyxis 2mg of
28 Hydromorphone.

1 c. On May 22, 2007, at 2204 hours, Respondent withdrew from Pyxis 2mg of
2 Hydromorphone.

3 d. On May 22, 2007, at 2244 hours, Respondent withdrew from Pyxis 2mg of
4 Hydromorphone.

5 e. On May 23, 2007, at 0052 hours, Respondent withdrew from Pyxis 2mg of
6 Hydromorphone.

7 f. On May 23, 2007, at 0239 hours, Respondent withdrew from Pyxis 2mg of
8 Hydromorphone.

9 g. On May 23, 2007, at 0241 hours, Respondent withdrew from Pyxis 2mg of
10 Hydromorphone.

11 h. Respondent charted in the patient's MAR that she gave the patient the following
12 medication:

- 13 - May 22, 2007, at 2200 hours, 1mg Hydromorphone.
- 14 - May 22, 2007, at 2300 hours, 0.5mg Hydromorphone.
- 15 - May 23, 2007, at 0100 hours, 1mg Hydromorphone.
- 16 May 23, 2007, at 0530 hours, 1mg Hydromorphone.

17 i. Summary: Respondent withdrew 12mg. of Hydromorphone for this patient and
18 documented administering 3.5 mg. and wasting 5.5 mg., leaving 3mg of Hydromorphone
19 unaccounted for.

20 **FIRST CAUSE FOR DISCIPLINE**

21 **(Incorrect and/or Inconsistent Entries in Hospital and/or Patient Records)**

22 22. Respondent is subject to disciplinary action under section 2761(a), on the grounds of
23 unprofessional conduct, as defined in Code section 2762(e), in that between or about May 1,
24 2007, through May 30, 2007, while on duty as a registered nurse at Hoag Hospital, Newport
25 Beach, California, Respondent falsified, or made grossly incorrect, grossly inconsistent, or
26 unintelligible entries in hospital, patient, or other records pertaining to the controlled substance
27 Dilaudid (Hydromorphone), as is detailed in paragraphs 14 and 21, above, which are incorporated
28 herein by reference.

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